



City of Tamarac Volunteer Application

Date_____

Name_____ Phone_____

Address_____ City_____ Zip_____

DOB_____ SS#_____

Emergency Contact_____ Phone_____

Relationship (Circle One): Child Spouse Neighbor Other_____

Work Phone_____ E-mail Address_____

Can you take calls at work? Yes No

Work Experience/Profession_____

Educational Background ___High School ___College ___University ___Other

Specify the dates and times you are available:

Days_____ Evenings_____ Variable_____ Weekends_____

Do you have transportation? Yes No

What type of special skills do you have?

___Education ___Public Speaking ___Phone ___Arts & Crafts ___

___Filing ___Other_____

Please indicate your present/past volunteer experience.

"The City of Tamarac requests your social security number in order to verify the personal information provided, and to confirm the proper contractor to provide the requested services to you."

Please provide three references, business/volunteer related. Please exclude family members and provide three names.

1. Name _____ Phone _____

Address _____

Relationship to You _____

How long have you known them _____

2. Name _____ Phone _____

Address _____

Relationship to You _____

How long have you known them _____

3. Name _____ Phone _____

Address _____

Relationship to You _____

How long have you known them _____

For office Use Only

Placement: _____

of Hours per Week: _____

Comments: _____

Info Taken By _____ Date Hired _____

Please include your resume if any and any copies of certifications that may apply.

Thank you for your Interest!!